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SUBSTANCE USE MANAGEMENT

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SUBSTANCE USE MANAGEMENT

SUBSTANCE USE MANAGEMENT PROGRAM

Program Policy

There is a known correlation between abuse of drugs and alcohol and an increase in reoffense rate, revocation and rehospitalization. In order to reduce these occurrences and assist the patient to receive the maximum benefit from community outpatient treatment, it is the policy of CONREP that patients are to remain free from the use of prohibited substances.

Definitions

Substance Abuse

Substance abuse is defined as a positive urine screen that is not explained by over the counter or prescription medications approved by the program or other medical causes.

Unauthorized Substance Use

Certain medications, whether over the counter or prescribed, may be prohibited for use by patients. The reason for such prohibition should be related to the patient's substance abuse history or to other medical or psychiatric concerns. The Terms and Conditions of Outpatient Treatment specify that patients will not use any medications without having had a prior discussion about this usage with the CONREP designated physician. emergency situation, the patient may take medications as prescribed by a treating physician but should report this usage as soon as possible with the CONREP physician.

Program Elements

Each CONREP Program shall implement the following policy and procedural elements of the substance use management program.

Written Policy

Each program must have a clearly articulated written policy that requires patients to abstain from the use of certain prohibited substances.

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SUBSTANCE USE MANAGEMENT PROGRAM

Program Elements (cont.)

Terms & Conditions of Outpatient Treatment

All Terms and Conditions of Outpatient Treatment should include provisions indicating that the patient shall not use illicit or program prohibited substances at any time during outpatient status and that use of those substances may be cause for revocation. Additionally, all patients shall agree to submit to substance abuse testing.

Patient Monitoring

Programs must have delineated procedures for staff observation of patients for signs of illicit or prohibited substances.

Screening Requirements

All Core Treatment standards for Substance Abuse Screenings shall be met unless an approved waiver is obtained.

Specimen Collection

Each program must have written procedures for the collection of urine, which assure the integrity of the specimen and testing procedure.

Toxicology Contract

Program procedures must exist to coordinate the collection and submission of urine samples with the CONREP statewide toxicology laboratory contract requirements.

Substance Abuse Treatment Services

Programs are to provide skilled substance abuse treatment services or obtain such services from other sources (including self-help treatment programs, such as Alcoholics Anonymous and Narcotics Anonymous) and monitor patient attendance.

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SUBSTANCE USE MANAGEMENT PROGRAM

Program Elements (cont.)

Revocation Clinicians may request revocation or take other

clinically appropriate actions based on positive substance screening results that have written confirmation from the lab. Such a response shall be based on clinical judgment and may occur at any point at which the situation

warrants prompt action.

Medical Review Revocation or other adverse action shall not be

initiated solely on the basis of positive test results prior to a medical review of all pertinent

information.

Staff Training must be provided for community

program staff to maintain proficiency in substance abuse management and specimen

collection practices.

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SUBSTANCE USE MANAGEMENT

SUBSTANCE ABUSE SCREENING STANDARDS

Screening Defined Substance abuse screening consists of obtaining

urine samples from each patient at random, unscheduled times and submitting them for analysis to the CONREP statewide contract

laboratory.

Purpose The purpose of these screenings is to confirm

the presence or absence of a specified panel of potentially unauthorized substances in order to accurately assess the patient's substance abuse

behavior.

Required Frequency Minimum Core Service Performance Standards

for Substance Abuse Screenings:

Care Level Frequency

4 Intensive Weekly

(4/month or 48/year)

2 Intermediate Twice Monthly

(2/month or 24/year)

3 Supportive Twice Monthly

(2/month or 24/year)

4 Transitional Quarterly

(1 per 3months or 4/year)

5-STRP Weekly

(4/month or 48/year)

The above standards are minimum requirements. Screenings may be provided more often as determined by individual needs

and documented in the treatment plan.

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Secure Chain of Custody

The validity of the results of any substance abuse test is dependent on the integrity of the specimen. Maintaining a secure "chain of custody" of specimens from patient collection to results reporting is critical.

The specimen collection process is a clinical interaction between the patient and the program wherein the patient shares responsibility for specimen integrity and chain of custody.

Collection Supplies

Specimen containers, labels, requisition forms and evidence tape should be kept in a secure place at the facility that precludes patient access. In addition, urine specimen and custody documents are to be under the control of the staff monitor or be locked in a secure place.

A collection container with a wider mouth may be used to collect the sample from a female patient as long as it is considered contaminated waste and Universal Precautions are used in its disposal (See page 1510.8). The sample may then be transferred to the specimen container by the patient.

Site Preparation

Controlled Site

Programs must take precautions to make sure that unadulterated specimens are obtained from the patient. A controlled site is the best location for taking the samples and ensuring the integrity of the sample. In a controlled site, the program should use toilet bluing in the urinal or toilet tanks so the water in the toilet remains blue. The hot water should be turned off and there should be no soap dispenser in the room so that the sample cannot be adulterated.

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Site Preparation (cont.)

Public Restrooms & Other Facilities

In the case of public restrooms or other facilities with flush valve toilets that make introducing bluing into the tank difficult, the program may use food coloring dye as an alternative. This dye can be dropped into the bowl by a same-sex monitor just prior to the patient providing the sample. If this system is used the program staff should remain in the restroom but outside the stall until the urine specimen is collected and handed to the monitor by the patient.

The patient should be asked to void into the specimen container and be directed not to flush the toilet. All monitors who directly handle the bottle containing the urine sample should use Universal Precautions, including the use of disposable latex or vinyl gloves (See Section 1510: SPECIFIC INFECTIOUS DISEASES, page 1510.8).

Optimally, there should be no access to any other source of hot or cold water (e.g. shower or sink) in the enclosure where urination occurs.

Only one patient at a time should have access to the site.

Collection of Urine Specimen

Staff Monitor

For each instance in which collection of a urine specimen is required, a specific staff member should monitor the process from beginning to end.

Observed Testing

"Observed testing" is not required for the collection of urine specimens. Procedures for providing specimens may allow individual privacy unless the program has reason to believe that a particular patient may alter or substitute the specimen to be provided. Any "observed test" may only be administered by a same-sex staff member.

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Collection of Urine Specimen (cont.)

Patient Behavior Throughout the entire collection process, the

staff monitor is to observe and note any unusual

appearance or behavior by the patient.

Personal Belongings The staff monitor should ask the patient to remove any unnecessary outer garments (e.g.

coat) that might conceal items or substances that

could be used to adulterate the specimen.

All personal belongings (purse or briefcase) should remain with the outer garments. The

patient may be allowed to retain his/her wallet.

Hand Washing

The monitor should instruct the patient to wash

and dry his/her hands prior to urination to preclude the introduction of adulterants.

After washing hands, the patient should remain in the presence of the staff person and not have access to water fountains, faucets, soap

dispensers or cleaning agents.

After the specimen has been submitted to the staff monitor, the patient should be allowed to

wash his/her hands.

Sample Volume Upon receiving the specimen from the patient,

the monitor should determine that the specimen container is full. If there is not sufficient urine in the bottle, additional urine should be

collected.

The patient may be given liquids and the staff may allow the patient to wait a period of time before attempting to collect the specimen. If the

patient cannot void, staff may permit the patient to return at another time, but should consider

conducting an observed test at that time.

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Collection of Urine Specimen (cont.)

Specimen Inspection

Immediately after collection, the monitor should observe the temperature and color of the specimen to detect possible signs of contamination. Any unusual findings resulting from the inspection must be included on the requisition form in the lines available in Area 6 on the attached sample form.

Temperature

The specimen should be at body temperature (90.5-99.8 degrees F). The time from urination to the delivery of the sample for temperature assessment is critical and in no case should exceed four (4) minutes.

Adulterated Specimens

Any specimen suspected to have been adulterated should always be forwarded to the laboratory for testing. When reasonable suspicion is established, a second specimen should be obtained immediately under direct observation.

Sealing Container

Both the patient and staff monitor should keep the specimen in view at all times prior to its being sealed and labeled.

If the specimen is transferred to a second container, the staff monitor should request that the patient transfer the specimen.

The staff monitor should be sure that the lid on each specimen bottle is securely fastened.

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Specimen Identification

Accuracy

The program must make sure that all information on the specimen bottle and on the requisition can be identified as belonging to a given patient.

Bar-Coded Patient Labels

Bar-coded labels will be available for each patient through CONREP Operations. Each label will be printed with the patient's name; program and CI&I number. The CI&I number serves as the unique patient identifier and will be printed on the bar-coded label. Labels will be provided for each patient upon request.

Temporary Labels

If a CI&I number is not yet available for a patient, programs may request temporary labels. It will be important for programs to write in the name of the patient on the label and record the specific temporary label number used for each patient on the copy of the requisition form kept by the program.

When the CI&I number is received, new labels should be requested and programs should begin to use the new labels immediately upon receipt.

Placement of Labels

Remove three (3) labels (going across) from the label sheet for each specimen collection. One label is to be placed on the following locations:

- * Specimen bottle;
- * Requisition Form (Area 3 on sample form); and
- * Program Copy of Requisition Form (Area 3 on sample form).

The staff monitor should verify the patient identification on the label and affix it to the specimen bottle and forms.

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Specimen Identification (cont.)

Sealing with Evidence Tape

The staff monitor should securely seal the bottle with the evidence tape by placing the tamperproof evidence tape over the bottle cap and down the sides of the bottle.

Patient Verification

The staff monitor should have the patient verify that the identification label is correct, that the bottle is securely sealed with evidence tape and have the patient initial the patient label on the bottle.

Medication Reporting

Disclosure

The staff monitor should identify any prescribed medications or over-the-counter medications that the patient may have consumed. This is an opportunity to check compliance and to make sure prescribed medications are reported even if the patient forgets to mention them.

The monitor should also provide an opportunity for the patient to identify substance abuse as a continuing or new problem, prior to the laboratory findings.

Questions

The following series of questions should be asked of each patient upon collection of every specimen.

- * Are you taking any medication prescribed by a physician outside of the CONREP program?
- * Since your last urine screening, have you:
 - 1. Taken over-the-counter, non-prescription medication (e.g. cold tablets, pain relievers, etc.)?
 - 2. Ingested alcohol?
 - 3. Used any controlled substance or street drugs?

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Medication Reporting (cont.)

Data to Record

If the patient answered yes to any of the above questions, the following information must be indicated in Area 6 of the requisition form:

- * Names of all drugs or substances taken;
- * Form tablet, elixir, liquid, injection, etc.;
- * Dosage how much was taken;
- * Time include frequency and dates when taken;
- * Examples: Digoxin, one tablet daily; Robitussin, one teaspoonful every four hours (indicate dates taken).

Lab Screening Requisition Form

General Instructions

The Lab Screening Requisition form serves as the request form and initial screening documentation. One requisition form should be completed for each specimen. All information on the form is to be provided as indicated. The second copy of the requisition should be kept on file at the program until the results are received. The staff monitor is responsible for the completion of the requisition form.

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SUBSTANCE USE MANAGEMENT

SPECIMEN COLLECTION PROCESS

Lab Screening Requisition Form (cont.)

Completion of Form

Refer to the attached sample requisition form that identifies the areas on the form by number. Completing the form involves several steps:

* Area 1

Be sure you are using current requisition forms with the name and address of National Toxicology Laboratory printed here.

* Area 2

Be sure that the form has the program identification correctly labeled;

* Area 3

Place the patient's bar-coded label in the Patient Identification area of both copies of the requisition form;

* Area 4

Complete the specimen collection information — include on the form the date and time the sample was taken;

* Area 5

The staff monitor should sign the requisition form;

* Area 6

Complete the medication reporting section of the form, which was described in greater detail above; and

* Area 7

Have the patient sign the specimen certification area of the form.

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SPECIMEN COLLECTION PROCESS

Laboratory Submission

The specimen bottle should be placed in the laboratory-provided plastic bag. The specimen transport bag is a two pocket bag. One pocket is labeled "specimen" and the other pocket is labeled "document". Place the specimen into the specimen pocket and the requisition form in the document pocket. Seal the transport bag. Place the transport bag in a secure place for courier pick-up.

If the specimen is not immediately prepared for shipment, it must be appropriately secured during temporary storage. Specimens should be sent to the laboratory on the day collected.

Most specimens will be picked up by a courier service that will have regularly scheduled pickups arranged between the laboratory and the program. Arrangements can be made with the laboratory to have special pick-ups and/or lock-boxes. Some programs may need to use mail service.

A record of specimens submitted to the laboratory can be easily maintained by stapling the program copy of requisition forms to the courier's receipt for that shipment.

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TOXICOLOGY CONTRACT

Contractor

To achieve economies of scale and to ensure consistent quality of testing, the Department's substance abuse screening program uses a direct statewide contract with one toxicology laboratory. That contracted laboratory is:

National Toxicology Laboratories, Inc. 1100 California Ave. Bakersfield, CA 93304 (800) 350-3515 (805) 322-4250 FAX (805) 322-4322

Contacts:

Supplies/courier:

Janice Hershberger,

sales

Test status: Lab results: Miguel Piris, Lab Tech Tom Sneath, Chief

Toxicologist

Obtaining Supplies

General

General supplies include requisition forms, specimen bottles, plastic bags, tamper-proof evidence tape, supply ordering forms and prepaid mailing containers (protective boxes with absorbent gel). The laboratory will also have a larger specimen bottle available for use by female patients.

Programs will receive general supplies directly from the laboratory. These supplies will be sent to an identified designee at each program. If additional supplies are needed or there are any problems, please refer to the contact staff listed above.

Bar-Coded Labels

Supplies of patient bar-coded labels will be provided CONREP Operations' staff. Labels will be sent upon request. If at all possible, requests for new labels should be made prior to patients being released from the state hospital. When a program runs low on labels, additional labels should be requested in a timely manner. Please allow one week for delivery.

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TOXICOLOGY CONTRACT

Billing

All billings for urine toxicology screenings performed by the contract laboratory will be submitted directly to the Department by the laboratory. Therefore, no funding exists in local program contracts for these tests.

If a contractor has a need for quantitative analyses of prescribed medications (e.g. blood levels), these costs should be built into the local program medication cost and contracted separately.

Substance Analysis

The basic substances tested by the contract laboratory are listed on the chart below. Each positive finding will be confirmed by the lab using a different method of analysis. Tests that are not confirmed after an initial positive screen will be reported as negative. The following chart also indicates the concentration levels necessary for a sample to be reported as "positive" for that substance.

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SUBSTANCE USE MANAGEMENT

TOXICOLOGY CONTRACT

CONREP BASIC SUBSTANCE PANEL

This basic panel of substances tested remains limited to substances of abuse. Specimens submitted which are confirmed to contain amounts of these substances at or above the following concentrations will be considered to be "positive".

SUBSTANCE Concentration Necessary for Positive

(All concentrations are indicated as Nanograms

per Milliliter, ng/ml)

AMPHETAMINES

[As Methamphetamine]

Amphetamine 500 ng/ml Methamphetamine 500 ng/ml

COCAINE METABOLITE

Benzoylecgonine 100 ng/ml

ETHYL ALCOHOL 0.025% [in blood equivalent]

OPIATES

Morphine 300 ng/ml Codeine 300 ng/ml

PENCYCLIDINE (PCP) 25 ng/ml

CANNABINOIDS

Delta-9-tetrahydrocannabinol-9-

Carboxylic acid 15 ng/ml

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RESULTS OF LABORATORY ANALYSIS

Program Notification

The contract laboratory will phone CONREP contractors to notify them of confirmed positive results within 24 hours of a determination. Quantitative results will not be specifically reported. The lab will report "positive" or "negative" at the "cut-off" levels indicated above.

Written results on all cases (positive or negative) will be sent via courier within 48 hours of receipt of the specimen at the laboratory. Results should be filed in the patient's medical record.

Program Response

CONREP Operations' staff will also send each program a monthly listing of all positive and unconfirmed results for that program. Programs are to provide the **reason** for the positive results and, if possible, for any unconfirmed results as well as the **response** of the program if a test is determined to constitute substance abuse. The reasons and responses should either be entered on the listing and returned or telephoned to the CONREP Operations staff who sent the listing.

"Unconfirmed results" refers to tests which show positive on the initial screen but which were not confirmed by the second test method. Unconfirmed results may be due to a low concentration of a substance which could result from an over-the-counter medication or the residual traces of a prohibited substance.

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RESULTS OF LABORATORY ANALYSIS

Quality Assurance

To assure that the contract laboratory maintains quality of performance, the Department will periodically submit blind "spiked" samples to the lab through local programs. Some of the samples will be clean and others will contain known amounts of one or more panel substances.

A department representative may provide these test samples to local programs for submission. They will have unique control numbers and are to be submitted along with regular samples. Please report the results of these test samples to the department staff from whom they were received.

Documentation

Every time a specimen is collected for a substance abuse screening, a progress note should be entered in the patient's chart. The progress note should contain information as to the manner in which the specimen was collected (observed or unobserved) and whether collection was scheduled or random. Other relevant observations about the procedure and/or the patient's behavior should also be noted. Any positive lab results must be noted when they are received as well as resulting action taken by program staff.

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